Disclosure Repor					Amendment Yes No
Use this form for general	report and committee info	ormation, must be	signed and sub	omitted along with	other detailed forms.
Do not use this form to up 1. Committee Information	And the second s				
a. Full Name	Л				c. ID Number
JOSEPH PA	DZYKCV				
b. Mailing Address (include C	ity, State and Zip Code)				d. Date Filed
402 GREY	LAG LANE				11/15/2013
SWAUSBOR	D, NC 28584	1			c. Phone Number
					910-330-8407
2. Report Year 3. Pe	eriod Start Date (mm/dd/y	y) 4. Period (mm/dd/yy)	End Date	5. Treasurer Ru	II Name
2013	07/01/13	11/15	7/13	JOSEPH F	PAUL BUCHANAN
6. Type of Committee (C	heck One) 9	. Type of Report	20/50/04 National Commence of the Property of the Commence of		rt from one category)
Candidate Campaign		lunicipal	State/C	and the state of the second se	Referendum
PAC Independent	Referendum	Organizationa		Organizational	Organizational
Expenditure	Joint Fundraiser	Thirty-five da	у	Quarterly	Pre-referendum
Legal Expense Fund 7. Type of Fund (if a)	oplicable, check one)	Pre-primary		First	Trime!
"Booster Fund"	porceases enecessary [[Pre-election		Second	Final Supplemental Final
Building Fund		Pre-runoff	🗖	Third	Annual
		Semi-annual		Fourth	Special
Other:		_ Mid Yea Year End	I — 1	Semi-annual Mid Year	10 Charle Dan at Name
CAMPAIGN FUND	ے ا	Final		Year End	10. Special Report Name
8. Number of Fundraiser	s this Report	Special		Final	DISCLOSURE
××××				Special	. E
11. Account Information			11. Account I	AND ASSESSMENT OF THE PROPERTY	
a. Financial Institution Full Na FIRST CITIZENS 6	The state of the s		a. Financial Insti	itution Full Name	
b. Purpose	c. Account Code		b. Purpose		c. Account Code
CAMPAIGN	0800100121839	<u> የወን</u>			
CAMPA16N FUNDS	d. Period Begin Balance				d. Period Begin Balance
	\$ 834.80				\$
CERTIFICATION					
I certify that the Committe	e or Fund is in complianc	e with all applica	ble provisions o	of Article 22A, 22F	3, & 22D-22M of Chapter 163 of
the NC General Statutes ar is complete, true and corre	nd that no funds are comm	ingled with prob	ibited or other r	non-disclosed funds	s. I further certify that this report
	WL Ruehawaw		State Board of E	dections. KANULAUVERA	11/15/2013
	ted Name of Signer		gnature of Appoint	<u> </u>	Date
FOR OFFICE USE ONLY					
Date Received:		Employee:			Delivery Method Normal Mail
Date Postmarked:		Employee) ECEI NOV 15	WEN.	Registered Mail Hand Delivered
Date Scanned:		Employee:	NOV 15	2013	☐ Electronically Filed ☐ Signer has not received
Date Data Entered:		Employee:	3 Y: <u></u>		mandatory training
	custodian o	f books informati	ion, or account i	information.	ress, treasurer, assistant treasurer,
You	must amend the Statemen	t of Organization	(CRO-2100A-)	E) to make commit	tee changes.

Amendment

Amendment Yes No

Detailed Summary
Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable) 2.	Type of Report	ппотпаноп.	3. ID Number
PAUL BUCHANON FOR 2	013 Year	1	DZYKCV
COUNTY COmmissionor Simi An		ر Total this	Total this
Start of Election Cycle: January 1,	2013	Reporting Period	Election Cycle
4) Cash on Hand at Start		\$ 834.60	\$ 965.53
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$ 622.00
6) Contributions from Individuals	(CRO-1210)	\$	\$ 3415.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$ 500,00
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources		77 C 10 C	
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11	d and 11e)	\$	\$ 4537.00
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$	\$
13b) Contributions to Candidates/Political Committee	s <i>(CRO-1310</i>)	\$ 600,00	\$ 5267.73
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 10	5 and 17)	\$ 600.00	\$ 5267.73
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract	t line 18)	\$ 234.80	\$ 234,80
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$
-			

Disburseme					Pg .	of		_ 🔲		No No
	report expenditures coordinated party ex		ree for o	perating exp	enses,	contribution	ons to	o candi	date/polit	ical
	ull Name (and Fun							2. ID N	umber	
PAUL BUCHANAN FOR COUNTY COMMISSIONER						DZYKCV				
3. Type of Disbi	AND THE RESERVE OF THE PROPERTY OF THE PROPERT	use separate CR	* A			pe of Disb	ursei	ment.)		
Operating Expe	CONTRACTOR OF THE PROPERTY OF	ntributions to Candida		and the second s	GOPTO STORES BUT STORES AND	BACONOMINATED PROGRADOS	dinate	ed Party I	expenditure	8
4. Payee Inform	Notes (1.12 x 10.43 x 1.10 x 1			Add 🔲	Remo		i fear	~		
(include city, state,	ailing Address & Ph & zip)			b. Coordinat	ed Com	mittee Name	i laliy la <mark>t</mark>	d. Comn	ents	indicheria 1997
JUNE BUC	ITANAN FOR S	CORONSUAWI CENTROLISSIO	NUR			7. 10	CNS 5			
JUNE BUCHANAN FOR SWANSBORD COMMISSIONER 402 GREY LAG LANE SWANSBORD, NC 28584				c. Level Registered (Specify) Federal County:						
SINANSBO	100, NC 28	584		State	Ī	Municipa	lity:	e. Electio	n Sum to	Date
910-32	5-7490							\$ 6	00.	· ·
	g. Form of Payment	h. Purpose Code	i. Date (1	mm/dd/yyyy)	j. Amo		k. Re	quired R	lemarks	
0800 10-0141 839 4 DD	CHECK	D	07/0	2013	\$ 60	00. %			_	
					\$				_	
4. Payee Inform	ation			Add	Remo	ve				
Contract and an expension of plants above the harvest policy	ng Address & Phone			b, Coordinat	ed Com	mittee Name	6:506-aze-	d. Comn	ents	
(include city, state	e, & zip)									•
				Yamii Dogi	4d ()	allenan in in	No. of the			
				c. Level Regi	stereu (County:	\dashv			
				State	F	Municipal	i }	. TH. 48.	n Sum to	Date
4				State		iviumcipa	ціу. І	e. Liecuo	H Dun to	D4110
				State		iviumcipa	nty.		in built to	Anne 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	7.7 <u></u>	La nessa managa ayan sa	Tanaga yang		E STORY	•		\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i, Date (i	mm/dd/yyyy)	j. Amo	•				
f. Account Code	g. Form of Payment	h. Purpose Code	i, Date (ı		j. Amo	•		\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i, Date (ľ.	•		\$		
f. Account Code 4. Payee Inform		h. Purpose Code	i, Date (\$	unt.		\$		
4. Payee Inform a. Full Name, Maili	nation ng Address & Phone	h. Purpose Code	i, Date (mm/dd/yyyy)	\$ \$ Remo	unt	k. Re	\$	demarks	
4. Payee Inform	nation ng Address & Phone	h. Purpose Code	i, Date (mm/dd/yyyy)	\$ \$ Remo	unt	k. Re	\$ equired F	demarks	
4. Payee Inform a. Full Name, Maili	nation ng Address & Phone	h. Purpose Code	i, Date (Add	\$ Remo	unt ve mittee Name	k. Re	\$ equired F	demarks	
4. Payee Inform a. Full Name, Maili	nation ng Address & Phone	h. Purpose Code	i, Date (mm/dd/yyyy)	\$ Remo	unt ve mittee Name	k. Re	\$ equired F	demarks	
4. Payee Inform a. Full Name, Maili	nation ng Address & Phone	h. Purpose Code	i, Date (Add b. Coordinat	\$ Remo	unt ve mittee Name	k. Re	\$ equired F	demarks	
4. Payee Inform a. Full Name, Maili	nation ng Address & Phone	h. Purpose Code	i, Date (Add D. Coordinat	\$ Remo	unt ve mittee Name Specify) County:	k. Re	\$ equired F	demarks ients	
4. Payce Inform a. Full Name, Maili (include city, state	nation ng Address & Phone e, & zip)			Add	\$ Remoted Communications	unt. ve mittee Name Specify) County: Municipa	k. Re	\$ quired F d. Comm	nents	
4. Payce Inform a. Full Name, Maili (include city, state	nation ng Address & Phone			Add D. Coordinat	\$ Remoted Com stered (unt. ve mittee Name Specify) County: Municipa	k. Re	\$ d. Comm	nents	
4. Payce Inform a. Full Name, Maili (include city, state	nation ng Address & Phone e, & zip)			Add	\$ Removed Com stered () j. Amo \$	unt. ve mittee Name Specify) County: Municipa	k. Re	\$ quired F d. Comm	nents	
4. Payee Inform a. Full Name, Maili (include city, state f. Account Code	nation ng Address & Phone e, & zip) g. Form of Payment			Add	\$ Remoted Com stered (unt. ve mittee Name Specify) County: Municipa	k. Re	\$ equired F d. Comm e. Electic \$ equired F	temarks nents semarks	Date
4. Payce Inform a. Full Name, Maili (include city, state	nation ng Address & Phone e, & zip) g. Form of Payment			Add	\$ Removed Com stered () j. Amo \$	unt. ve mittee Name Specify) County: Municipa	k. Re	\$ quired F d. Comm	nents	Date
4. Payee Inform a. Full Name, Maili (include city, state f. Account Code 5. Total only thi	nation ng Address & Phone e, & zip) g. Form of Payment			Add	\$ Removed Com stered () j. Amo \$	unt. ve mittee Name Specify) County: Municipa	k. Re	\$ equired F d. Comm e. Electic \$ equired F	temarks tents tents Coo	Date Oo
4. Payee Inform a. Full Name, Maili (include city, state f. Account Code 5. Total only thi 6. Total of ALL (This line goes in	nation ng Address & Phone e, & zip) g. Form of Payment is Page CRO-1310 Pages line 13a of Detailed Sun	h. Purpose Code	i. Date (i	Add	\$ Remoted Com stered (: j. Amo \$	unt ve mittee Name Specify) County: Municipa	k. Re	\$ equired F d. Comm e. Electic \$ equired F	temarks nents semarks	Date Oo
4. Payee Inform a. Full Name, Maili (include city, state f. Account Code 5. Total only the 6. Total of ALL (This line goes in (This line goes in	nation ng Address & Phone e, & zip) g. Form of Payment is Page CRO-1310 Pages line 13a of Detailed Sun line 13b of Detailed Sun	h. Purpose Code nmary Page CRO-11 nmary Page CRO-11	i. Date (i	Add	\$ Remoted Com stered (: j. Amo \$ \$ ates/Pol	unt ve mittee Name Specify) County: Municipa unt	k. Re	\$ d. Comm e. Election \$ quired F	temarks tents tents Coo	Date Oo
4. Payee Inform a. Full Name, Maili (include city, state f. Account Code 5. Total only the 6. Total of ALL (This line goes in (This line goes in (This line goes in	nation ng Address & Phone e, & zip) g. Form of Payment is Page CRO-1310 Pages line 13a of Detailed Sun line 13c of Detailed Sun line 13c of Detailed Sun	h. Purpose Code mary Page CRO-11 mary Page CRO-11 mary Page CRO-11	i. Date (1	Add	\$ Remoted Com stered (: j. Amo \$ \$ ates/Pol	unt ve mittee Name Specify) County: Municipa unt	k. Re	\$ d. Comm e. Election \$ quired F	temarks tents tents Coo	Date Oo
4. Payee Inform a. Full Name, Maili (include city, state f. Account Code 5. Total only the 6. Total of ALL (This line goes in (This line goes in 7. Purpose Co	nation mg Address & Phone e, & zip) g. Form of Payment is Page CRO-1310 Pages line 13a of Detailed Sun line 13c of Detailed Sun odes (List detailed	h. Purpose Code nmary Page CRO-11 nmary Page CRO-11 nmary Page CRO-11 expenditure code	i. Date (1) 100 if Ope 100 if Con 100 if Coo 100 if Coo 100 if Coo	Add b. Coordinat c. Level Regi Federal State state state state crating Expensivity to Candidardinated Party	\$ Remoted Com stered (: j. Amo \$ \$ ates/Pol	unt Ve mittee Name Specify) County: Municipa unt itical Comm,	k. Re	\$ d. Comm e. Electio \$ equired F	temarks tents tents tents Cemarks	Date Oo
4. Payee Inform a. Full Name, Maili (include city, state f. Account Code 5. Total only thi 6. Total of ALL (This line goes in (This line goes in (This line goes in 7. Purpose Co A* - Media	is Page CRO-1310 Pages line 13a of Detailed Sun line 13c of Detailed Sun	h. Purpose Code nmary Page CRO-11 nmary Page CRO-11 nmary Page CRO-11 expenditure code ng	i. Date (i) 100 if Ope. 100 if Con 100 if Coo 2 in (h.) C* - Fi	Add	\$ Remoted Com stered (: j. Amo \$ \$ ates/Pol	unt ve mittee Name Specify) County: Municipa unt itical Comm litures)	k. Re	s equired F	temarks nents Cemarks Coo	Date Oo Oo Oo
4. Payee Inform a. Full Name, Maili (include city, state f. Account Code 5. Total only the 6. Total of ALL (This line goes in (This line goes in 7. Purpose Co	nation mg Address & Phone e, & zip) g. Form of Payment is Page CRO-1310 Pages line 13a of Detailed Sun line 13c of Detailed Sun odes (List detailed	h. Purpose Code nmary Page CRO-11 nmary Page CRO-11 expenditure code ng ment	i. Date (i) 100 if Ope. 100 if Con 100 if Coo 100 if C	Add b. Coordinat c. Level Regi Federal State state state state crating Expensivity to Candidardinated Party	\$ Remoted Com stered (in the content of the content	unt Specify) County: Municipa Municipa itical Comm, litures)	k. Re	s quired F d. Comm e. Electic s quired F s her Can g Publi	temarks The second of the sec	Date Oo